



# Orthodontic Treatment Plan Acknowledgements Form for Comprehensive Orthodontic Treatment

## Treating Dentist's Acknowledgements:

I attest that the following are true statements:

1. The requested treatment is the least restrictive, most cost effective treatment for the malocclusion
2. The member has received an oral examination and was found to be free of untreated oral disease or other conditions that may make orthodontic treatment unsuccessful or harmful
3. The member demonstrates oral hygiene habits consistent with being able to prevent inflammation and dental decay during orthodontic treatment
4. Sealants are in place on all of the member's unrestored erupted permanent molars

Treating Dentist Signature:	Date:
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## Member's Acknowledgements:

I understand and agree to:

1. Adhere to the treatment plan
2. Comply with an oral hygiene regiment as instructed
3. Attend any scheduled appointment
4. Properly wear and maintain the appliances

I am aware that:

1. The health partner has a right to discontinue treatment for non-compliance
2. CareSource will not pay for the cost of treatment if I am not eligible for their coverage or have reached my 21st birthday
3. CareSource will not cover the cost of orthodontic treatment again if treatment is terminated due to non-compliance

Recipient/Legal Guardian Signature:	Date:
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**Health partner: Submit this form along with the recipient's Prior Authorization Request**